

 <div style="display: inline-block; vertical-align: middle;"> United States Environmental Protection Agency Washington, DC 20460 </div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; line-height: 30px;">X</div>	Registration Amendment Other	OPP Identifier Number
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Application for Pesticide - Section I

1. Company/Product Number 42750-372	2. EPA Product Manager Jacquelyn Herrick	3. Proposed Classification <input checked="" type="checkbox"/> None Restricted
4. Company/Product (Name) Albaugh LLC/ Lambda-Cyhalothrin Technical	PM# 3	
5. Name and Address of Applicant (Include Zip Code) Albaugh LLC 1525 NE 36 th St Ankeny, IA 50021 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name:	

Section - II


<input checked="" type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.
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Explanation: Use additional page(s) if necessary. (For Section I and Section II.)
PRIA R351 – CSF Amendment to add new source of TGAI

Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt. container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) HDPE lined bags
* Certification must be submitted			
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container Mini-bulk, Bulk	5. Location of Label Directions <input checked="" type="checkbox"/> Attached to container <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____ </div> </div>			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name S. K. Theodorakis	Title Agent for Albaugh LLC	Telephone No. (Include Area Code) (302) 635-7289 (rachel@wagnerreg.com)
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received <div style="text-align: center; border: 1px solid black; padding: 5px;"> (Stamped) </div>
2. Signature 	3. Title Agent	
4. Typed Name S. K. Theodorakis	5. Date June 4, 2021	